| POSTOR . | eineminale Finale | | Harina Harina | Quarter. | a for though | 4 | ************************************** | | | | | |
|---|---|------------------|-----------------------------------|--------------------|------------------|---|--|------------------------|------------|----------------|------------------------|--|
| | | | | | | | | Application | วน อะรู | Docket Nu | uper | W.Fr |
| TO ME AND LICATION FEE DEVERMINATION NECO. | | | | | | | | | | | | |
| Effective October 1, 2003 | | | | | | | 10/665744 | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | SMALL ENTITY OTHER THAN | | | | | |
| | 11) | (Col | umn 21 | | TYPE | | OR | SMALL | ENTITY | | | |
| LAIMS | S | 71 | 71 | | | | RATE | FEE | _ | RATE | FEE | 7 |
| | | NUMBER | FILED | NUMBER EXTRA | | | BASIC FI | EE 385.00 | OR | BASIC FEE | 770.00 |] |
| ARGE | ABLE CLAIMS | 71 minus 20= * . | | | 51 | | XS 9= | | OR | XS1.8= | 918.00 | 1 |
| DENT CLAIMS 3 | | | minus 3 = 🔭 💋 | | | | X43= | | OR | X86= | 1 | 7 |
| DEPENDENT CLAIM PRESENT | | | | | | | +145= | -57 | OR | | | |
| ference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 1688.0 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | . ENTITY | OR | OTHER SMALL | THAN | |
| · · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | est Ber Usly | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | - 71 - | Minus | - 71 | | = Ø | | X\$ 9= | | OR | X\$18= | 1 | |
| endent | . 3 | Minus | 3 | | = Ø | | X43= | | OR | X86= | | : |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | - 445 | | 1 1 | -200 | | |
| | | | | | | l | +145= TOTAL | - | OR | +290= | | |
| | | | | | | | ADDIT FEE OR ADDIT FEE | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | · * | 7 6 | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | - | NUMB PREVIO PAID F | er Usly | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| ٤ | . · | Minus | - 44 | | £ | | X\$ 9= | | OR | X\$18= | | " |
| ndent | 4 | Minus | 444 | | = " | 1 | X43= | | OR | X86= | | |
| PRESE | NTATION OF MU | ILTIPLE DE | ENDENT | CLAIM | | t | +145= | | | +290= | | |
| | | | | | | L | TOTAL | | OR | TOTAL | | |
| | | | | | | | DOTT. FEE | l | OR , | voor. FEEL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | ر در ودرا ده ا نه ها انواسمایی |
| | CLAIMS REMAINING AFTER | | NUMB | E R | PRESENT EXTRA | 1 | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | • |
| | AMENDMENT | | PAIDF | | EXITA | | | _FEE | | | | • |
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| ndent | * | Minus | ent Cimcim | CH AMI | - | | X43= | | OR | X86= | | |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM 14145= OR 4290= | | | | | | | | | | | | |
| y in column 1 is less than the entry in column 2, write "o" in column 3. TOTAL thest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | OR . | TOTAL | | |
| mest Nuc | TWG PTEVIOURY PE | STU WINK | OLVIC C | | | N | JULII. HELL | | ·- · · · A | nor feel | | |

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